

Commonwealth of Virginia
Department of Rehabilitative Services
BUDGET ALLOCATIONS

Applicant: _____

Proposed Budget Dates: _____ **through** _____

	1	SERVICES				
	Revised Budget	Show distribution of Restricted Revenues to the Appropriate Service				
		A	B	C	D	E
NON-FEE UNRESTRICTED REVENUES - (4000 - 6700)						
4000 - Contributions						
4200 - Special Events						
4700 - Allocated by Federated Fund Raising Organizations						
4800 - Allocated by Unassociated & Non-Federated Fund Raising Organizations						
5500- Grants from Governmental Agencies						
6000 - Membership Dues Individuals						
6400 - Sales to Public						
6500 - Investment Income						
6600 - Gain on Investment Transactions						
6700 - Other Revenue						
TOTAL NON-FEE UNRESTRICTED REVENUE						
TOTAL RESTRICTED REVENUE						
EXPENSES - (7000 - 9600)	Total Exp.					
7000 - Employee Compensation & Related Expenses						
8000 - Professional Fees						
8100 - Supplies						
8200 - Communications						
8400 - Occupancy						
8500 - Rental & Maintenance of Equipment						
8600 - Printing & Publications						
8700 - Travel						
8800 - Conferences, Conventions, & Meetings						
8900 - Specific Assistance to Individuals						
9000 - Membership Dues						
9400 - Interest (Non-Mortgage)						
9500 - Depreciation or Amortization						
9600 - Other Expenses						
TOTAL EXPENSES						

Mixed Expenses, if used						
Sum of Expenses (including mixed)						

Column 1 — NON-FEE UNRESTRICTED REVENUE. This column is a summation of Line 6800 - Column 5 from Form 7a. Transcribe figures from 7a into their appropriate lines. Add just Column 1 down to calculate TOTAL NON-FEE UNRESTRICTED REVENUE. This total should match Form 7a - column 5 - Line 6800.

SERVICES — Columns A–E. Use these columns to show where "Restricted Funds" are being assigned. These figures are detailed on Form 6 and again on Line 6800-Column 4 of Form 7a - Revenues. After distributing the Restricted Funds into the correct columns, add each column A through E separately to the bottom to get a subtotal. Then add the subtotals from right to left to get the TOTAL RESTRICTED REVENUE. This figure should match Total on Form 6 and Line 6800, Column 4 of Form 7a.

EXPENSES — Total Exp. column will be a transcription of the TOTAL from each section of Forms 7b through 7d. Use columns A–E to distribute associated expenses for each respective program. Each column should be added down and the totals are then transcribed onto Form 9 - line 1.

If you need additional columns to show each vended service or to accommodate separate Mixed and Production columns, please use a new blank Form 8 and rename the columns to match the programs. If Mixed Costs are involved, see instructions for Form 8 for calculation and distribution details.